

## ART B—ISSUE FEE TRANSMITTAL

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HM12/0521

CHARLES J PRESCOTT P A  
 2033 WOOD STREET  
 SUITE 115  
 SARASOTA FL 34237

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## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Charles J. Prescott (Depositor's name)  
*Charles J. Prescott* (Signature)  
 7-31-01 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
89/544,636	04/06/99	887	GEORGE, K	1616 05/21/01
First Name Applicant				
TITLE OF INVENTION	MESSENDER, IMPROVED FACIAL SKIN DERMABRASION CLEANING AND CONDITIONING COMPOSITION			

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 P 1701	424 059, 000	G40	UTILITY YES		\$620.00	05/21/01
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.						
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.						
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.						
2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. _____						

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) <b>PLEASE NOTE:</b> Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10
(A) NAME OF ASSIGNEE	4b. The following fees or deficiency in these fees should be charged to: <b>DEPOSIT ACCOUNT NUMBER</b> (ENCLOSE AN EXTRA COPY OF THIS FORM)
(B) RESIDENCE: (CITY & STATE OR COUNTRY)	<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____
Please check the appropriate assignee category indicated below (will not be printed on the patent)	
<input type="checkbox"/> Individual <input type="checkbox"/> corporation or other private group entity <input type="checkbox"/> government	

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) *Charles J. Prescott* (Date) 7-31-01

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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06/07/2001 MYBUF2 00000043 09544636

01 FC:242 620.00 IP  
 02 FC:361 30.00 IP

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